

Royalston Historic District Commission

Royalston, Massachusetts, 01368

Application for Certificate

Applicant Name(s) _____

Address of Property _____

Owner's Name _____

Address of Owner: Street _____

City, State, Zip _____ Phone: _____

Instructions: Please check the type of certificate you are applying for below. Then provide **precise** details of changes. A sketch including dimensions, measurements, exact colors, materials, etc. must be included. Attach any additional documents. Only **one** change request per application. Return **four** copies of the completed application to a commission member (one set will be returned to you). If you have any questions, please contact a Commission member (current member list available from Town Clerk).

Please check the certificate applied for:

☐ Appropriateness

☐ Non-Applicability

☐ Hardship

Description of changes (attach additional sheets and exhibits if necessary):

Signature

For Office Use Only

Date Received _____

Date Accepted _____

☐ Public Hearing ☐ Abutter notices

Decision:

Certificate Number _____